

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM P-75)

10/009218
APPENDIX (6)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2						
3						
4	3		3		3	
5						
6						
7						
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16	1					
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49						
50						
TOTAL IND.						
T TAL DEP.			15	17		
T TAL CLAIMS			16	18		

NO.	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
T TAL DEP.						
T TAL CLAIMS						